

1.) CORPORATION NAME:

NATIONAL ASSOCIATION OF CHAIN DRUG STORES, INC.

DUE DATE: **2/28/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
R JAMES HUBER
413 N LEE ST
ALEXANDRIA, VA 22314**

SCC ID NO: **04224150**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 413 NORTH LEE ST

CITY/ST/ZIP: ALEXANDRIA, VA 22314-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: STEVEN C ANDERSON
TITLE: P/CEO
ADDRESS: 413 N LEE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

☒

OFFICER

☒

DIRECTOR

NAME: R. JAMES HUBER
TITLE: CORP. SECRETARY
ADDRESS: 413 NORTH LEE ST.
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

☒

OFFICER

☐

DIRECTOR

NAME: LARRY J MERLO
TITLE: CHAIRMAN
ADDRESS: 413 NORTH LEE ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

☒

OFFICER

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DIRECTOR

NAME: ROBERT D LOEFFLER
TITLE: VICE CHAIRMAN
ADDRESS: 413 NORTH LEE ST
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

☐

OFFICER

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DIRECTOR

NAME: GREGORY D WASSON
TITLE: TREASURER
ADDRESS: 413 NORTH LEE STREET
CITY/ST/ZIP/CO: ALEXANDRIA, VA 22314-

☐

OFFICER

☒

DIRECTOR

NAME:	JOHN AGWUNOBI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	GEORGE D BARTELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	PAUL E BEAHM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	ANTHONY N CIVELLO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	JOE COURTRIGHT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	KERMIT CRAWFORD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	CHRISTOPHER T DIMOS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	ANDREW A GIANCAMILI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	MARK E GRIFFIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	RICHARD J HARTIG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		

NAME:	KERI JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	PAUL C JULIAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	MICHAEL C KAUFMANN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	ROBERT J NARVESON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	STEVEN J OLIVA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	CRAIG C PAINTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	THOMAS M RYAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	MARY SAMMONS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	JOHN STANDLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
NAME:	SHARON STERNHEIM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	413 N LEE STREET		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22314-		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ R. JAMES HUBER</u>	<u>R. JAMES HUBER, CORP.</u>	<u>12/15/2010</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		